SI#17-005

Santa Rosa County Sheriff's Office
Sheriff Bob Johnson

CITIZEN COMPLAINT

Please Print

Date and time of this complaint: 3/17/2017   1PM   Incident #: 17-002618

Reference Complaint #: _____   Deputy Taking Complaint: Brewton   ID #: 84

Complainant: Vernon   Gary   Magee
             First   Middle   Last

Address: 814 Briarstone LN Knoxville   TN   37934
         Street   City   State   Zip Code

Home Phone: 865-675-3138   Work Phone: 865-898-5505   Cell Phone: 865-898-5505

Date and time incident occurred: 4/7/17   1PM

Location/Address of occurrence: 5309 Medicine Bow St   Milton FL 32570

Employee(s) involved in allegations(s): _____

Witness: David Magee   5309 Medicine Bow St.   Milton FL
         Name   Street Address   City/State   Home Phone   Work Phone

(List additional witnesses in narrative.)

Nature of Allegation(s): Deputy allowed the removal of china &
Crystal from the home of my deceased father,
Vernon Magee. I am executor of my father's will
and it has not been probated as yet.
I did not give permission for this to happen.
Deputy failed to talk to my brother, David, about
why he allowed this. Deputy left the property
with no explanation.
My attorney, Mike Gibson, will be discussing this
matter with the judge.

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Findings:_____

_____

_____

_____

_____

Actions Taken:_____

_____

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_____

Final Clearance:

_____   Exonerated   Proper conduct, An incident occurred as described, but the member was found not to be negligent or at fault.

_____   Sustained   (Improper Conduct): The investigation revealed sufficient facts that the allegation(s) were found to be true.

_____   Not Sustained   The investigation discloses insufficient evidence to clearly prove or disprove the allegation.

_____   Unfounded   The investigation revealed sufficient facts to indicate that the incident did not occur.

_____   Partially Sustained The incident has two or more allegations, and at least one of the allegations is sustained.

_____   Violation not based on original Complaint: Investigation discloses violation(s) not mentioned in the initial allegation.

Complaint Notification of Findings:

Date:_____   By:_____

Comments:_____

_____

_____

_____   Please check here if the complainant refuses to have personal contact by a deputy.

I do hereby affirm that the information provided by me is true and complete to the best of my knowledge and belief. I understand That any false, misleading or untrue statements, accusations of allegations, herein made by me, either orally or in writing, to any person(s) investigating this complaint, may subject me to civil and/or criminal liability under Florida State Statute 837.06, "Whoever knowingly makes false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree punishable by a definite term of imprisonment not exceeding 60 days and a fine of $500.00."

"Any person who is a participant in an internal investigation, including the complainant, the subject of the investigation, the investigator conducting the investigation and any witnesses in the investigation, who willfully disclose any information obtained pursuant to the agency's investigation, including, but not limited to the identity of the deputy under investigation, the nature of the questions asked, information revealed or documents furnished in connection with a confidential internal investigation or any agency before such complaint, document, action or proceeding becomes public record as provided in the section, commits a misdemeanor of the first degree, punishable as provided in F.S.S. 775.082 or F.S.S. 775.083." Florida State Statute 112.533 (Penalty: up to 1 year in jail and/or up to $1000.00 fine)

I hereby acknowledge that I have read the preceding and understand its provisions.

Signed:_____

Sworn to and subscribed before me this _____ day of JANUARY, 20 17

Witness:_____
        (Per F.S.S. 117.10)

VIRGINA T. CONNER
STATE OF
TENNESSEE
NOTARY
PUBLIC
KNOX COUNTY
MY COMMISSION EXPIRES